Case: 1:10-cv-07003 Document #: 45-17 Filed: 07/06/11 Page 1 of 30 PageID #:574

### Name Change Confirmation

Dept. of Treasury, IRS, November 13, 1995

Change of name from "Chicago Educational Television Association" to "Window To The World Communications, Inc."

Taxpayer Identifying Number Form:

NOV. 13, 1995 36-2246703

Tax Pariod:

For assistance you may call us at:

WINDOW TO THE WORLD COMMUNICATIONS INC 5400 N ST LOLIS AVE CHICAGO IL 60625-4623006

435-1040 LOCAL CHIC 1-800-829-1040 OTHER

WE CHANGED YOUR NAME AND/OR ADDRESS

THANK YOU FOR YOUR CORRESPONDENCE. AS YOU REQUESTED, WE'VE MADE THE FOLLOWING HANGES TO YOUR NAME AND/OR ADDRESS:

NAME AND ADDRESS PREVIOUSLY SHOWN ON YOUR ACCOUNT

NAME AND ADDRESS NOW SHOWN ON YOUR ACCOUNT

CHICAGO EDUCATIONAL TELEVISION **ASSOCIATION** 5400 N ST LOUIS AVE CHICAGO IL 60625-4623105

WINDOW TO THE WORLD COMMUNICATIONS INC 5400 N ST LOUIS AVE CHICAGO IL 60625 60625-4623006

IF YOU DON'T AGREE WITH THIS CHANGE, PLEASE LET US KNOW.

**8.7 WITTL** Chicago's **Oclassical** experience altri: maria cuone Here are the documents you regarded. The pertinent page in the board number is \$8. Let me know it you nech anything else stappy Forday!
- Frech
773 5095403 egunderson Ewthw.com

Case: 1:10-cv-07003 Document #: 45-17 Filed: 07/06/11 Page 3 of 30 PageID #:576

## Real Estate Exemption Certificate Illinois Dept. of Revenue, November 13, 1995

Chicago Educational Television Association - Exemption for 100% of 1989 assessment year and for 100% of the year for all subsequent years

Illipois Department of Pevenue: 45-17 Filed: 07/06/11 Page 4 of 30 PageID #:577 agrey x 01086

LOCAL GOVERNMENT SERVICES BUREAU P. O. BOX 19033

SPRINGFIELD. IT. 62794-9033

TELEPHONE: 217/785-2252

DOCKET HUMBER

89- 16-1294

REAL ESTATE EXEMPTION CERTIFICATION BY THE DEPARTMENT OF REVENUE IN ACCORDANCE WITH SECTIONS 108, 119, AND 137 OF THE REVENUE ACT OF 1939 AS AMENDED:

NAME OF PROPERTY OWNER:

CHICAGO EDUCATIONAL TELEVISION ASSOCIATION - name charged

See attacked.

COUNTY NAME: COOK

COUNTY VOLUME: 331 COMPLAINT NUMBER: 88601

91-6/102

COUNTY PARCEL NUMBER AND/OR LEGAL DESCRIPTION: 13-11-101-005-8002

ON THE BASIS OF THE STATEMENT OF FACTS AND SUPPORTING DOCUMENTS. DEPARTMENT AT 1ST REVIEW HEREBY ISSUED THIS CERTIFICATE APPROVING THE EX-EMPTION FOR 100% OF THE 1989 ASSESSMENT YEAR AND FOR 100% OF THE YEAR FOR AL. SUBSEQUENT ASSESSMENT YEARS, PROVIDED THE PROPERTY CONTINUES TO MEET ALL QUALIFICATIONS FOR EXEMPTION, AND AN ANNUAL CERTIFICATE OF STATUS IS FILED PURSUANT TO SECTION 19 OF THE REVENUE ACT OF 1939, AS AMENDED.

ANY APPLICATION FOR A FORMAL HEARING OF THE DEPARTMENT'S DECISION SHALL BE FILED IN WRITING WITH THE DEPARTMENT WITHIN 20 DAYS FROM THE DATE OF THIS DECISION. A BRIEF, CITING ADDITIONAL FACTS AND AUTHORITIES RELIED ON BY THE PETITIONER, MAY ALSO BE SUBMITTED AT THAT TIME.

THE DOR DOCKET NO. INDICATED ABOVE IS THE CERTIFICATE NUMBER, AND SHOULD BE REFERENCED ON THE ANNUAL CERTIFICATE OF STATUS, AND IN ALL FUTURE COR-RESPONDENCE REGARDING THIS PARCEL.

#### THIS IS AN IMPORTANT LEGAL DOCUMENT AND SHOULD BE RETAINED AS PART OF YOUR PERMANENT RECORDS

STATE OF ILLINOIS DEPARTMENT OF REVENUE

ROGER D. SWEET DIRECTOR

DECISION ISSUED: NOVEMBER 8, 1990 Case: 1:10-cv-07003 Document #: 45-17 Filed: 07/06/11 Page 5 of 30 PageID #:578

# IRS Form 990 "Return of Organization Exempt From Income Tax"

Window To The World Communications, Inc., TY 7/1/2006 - 6/30/2007

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490 129006568 | Case: 1:10-cy-07003 Document #: 45-17 Filed: 07/06/11 Page 6 of 30 Page D #4579 | Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

The organization may have to use a copy of this return to satisfy state reporting requirements

-	rvice							
A	For the	e 2006 calendar	year, or tax year beginning	07-01-2006 and endir	ng 06-30-20	A COMPANY OF THE PROPERTY OF T		
В	Check If	applicable Please	C Name of organization WINDOW TO THE WORLD	COMMUNICATIONS INC		DE	mployer	identification number
Г	Address	change use IRS	5	CONTONIONION INC		B	6-2246	
Γ	Name ch	hange <b>print o</b>	Number and street (or P.0	) box if mail is not delivered	to street add	ress) Room/suite	elephone	number
_	Initial rel		ic 3400 N 3t Eddis Aveilde			(7	773)58	3-5000
Г	Final reti	Instructions.	City or town, state or cou	ntry, and ZIP + 4		<b>2</b>	_	method Cash V Accrual
_	Amended	į	Chicago, IL 606254623			Г	Other (	specify) 📂
_		on pending						
,	пррпсык		tion 501(c)(3) organizations	and 4947(a)/1) no novemb	e alamienkia	H and I are not ap	plicable to	section 527 organizations
		trus	ts must attach a completed S	chedule A (Form 990 or 9	90-EZ).	· •		for affiliates? Yes V No
G	Websi	ite: ▶ Networkch:	icado com			H(b) If "Yes" ente	er numbei	r of affiliates 📂
_			-			H(c) Are all affilia	tes ınclud	ed?
3	Organiz	zation type (check o	only one) ▶ 🔽 🧐 501(c) (3)	(insert no )	1) or   527			See instructions )
K	Check he	ere 🕨 🦵 if the orgai	nization is not a 509(a)(3) suppo	rting organization <b>and</b> its gro	ss receipts are	H(d) Is this a sep		irn filed by an organization
	normally	/ <b>not</b> more than 25,0 to file a complete ret	000 A return is not required, but i	f the organization chooses to	file a return,	COTCICU DY		
								Number 🌬
L	Gross		es 6b, 8b, 9b, and 10b to lii			attach Sch	3 (Form 9	rganization is <b>not</b> required to 990, 990-EZ, or 990-PF)
	art I		expenses, and Chang		r Fund Ba	nlances (See the	instr	uctions.)
	1		gifts, grants, and similar an	nounts received				
	a		o donor advised funds .		1a		0	
	b		upport (not included on line		1b	19,501,84		
	C .		support (not included on lir		1c		긔	
	d		intributions (grants) (not in	•	1d	14,278,11	₹	
	e		s 1a through 1d) (cash \$ $\frac{33}{2}$			)	1e	33,779,959
	2		e revenue including govern		(from Part	:VII, line 93) .	2	13,751,025
	3		es and assessments				3	0
	4		rings and temporary cash in	vestments			4	63,975
	5		interest from securities .				5	1,021,343
	6a b	Gross rents .	penses		6a			
	c		me or (loss) subtract line 6:		6b			
w	7		ent income (describe 📂 )				6c	0
Revenue	8a		rom sales of assets	(A) Securities	<del></del>	(7) 0.45	<del>  '</del> -	0
μ			ntory	3,460,423	8a	(B) O ther	_	
	ь		basis and sales expenses	2,876,146		1,70		
	c		· L	584,277		1,70	0	
	d	Net gain or (los:	s) Combine line 8c, column				8d	585,977
	9		and activities (attach sche		rom gaming	ı. check here 🕪 🗀		303,377
	a	Gross revenue (						
			ported on line 1b) 📆 .	O i	9a	1,137,687		
	ь	Less direct exp	penses other than fundraisi	ng expenses	9b	510,039		
	c		loss) from special events S		9a		9c	627,648
	10a	Gross sales of 1	nventory, less returns and	allowances	10a	100,615		, , , , , , , , , , , , , , , , , , , ,
	b	Less costofgo	ods sold		10b	142,487		
	С	Gross profit or (loss	) from sales of inventory (attach	schedule) Subtract line 10b f	rom line 10a	<b>g</b>	10c	-41,872
	11	Other revenue (	from Part VII, line 103) .				11	1,237,045
	12		dd lines 1e, 2, 3, 4, 5, 6c,				12	51,025,100
	13		es (from line 44, column (B)				13	38,421,192
N N	14		d general (from line 44, col				14	4,472,278
t xpenses	15		m line 44, column (D)) .				15	9,393,324
ų	16		iliates (attach schedule)				16	0
	17		Add lines 16 and 44, colum				17	52,286,794
<u></u>	18		it) for the year Subtract line				18	-1,261,694
Nel Pssels	19		nd balances at beginning of				19	31,067,485
ij	20		n net assets or fund balanc				20	3,060,569
_	21	Net assets or fu	nd balances at end of year	Combine lines 18, 19, a	ınd 20 .		21	32,866,360

Form 990 (2006)

aae **2** 

	Do not include amounts reported on line			(B) Program	(C) Management	
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here					
226		22a	0	0		
22b	Other grants and allocations (attach schedule) (cash \$)					
	If this amount includes foreign grants, check here	22b	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0	0		
25a	Compensation of current officers, directors, key employees	-	-			
	etc Listed in Part V-A (attach schedule)	25a	1,033,242	148,092	480,085	405,06
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25Ь	0	0	0	
C						
	disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c	0	0	o	
26	Salaries and wages of employees not included				0	
	on lines 25a, b and c	26	14,038,347	10,310,803	1,976,207	1,751,33
27	Pension plan contributions not included on lines 25a, b and c	27	822,317	599,491	144,267	78,559
28	Employee benefits not included on lines					
29	25a - 27	28	1,841,491	1,317,403	299,206	224,882
30	Professional fundraising fees	29	1,084,278	772,613	177,408	134,257
31	Accounting fees	30	650,807	0	0	650,807
32	Legal fees	31	100,575	0	100,575	
33		32	174,538	45,822	120,589	8,127
34	Supplies	33	655,187	479,367	98,105	77,715
35 35	Telephone	34	292,426	107,243	11,838	173,345
36	Postage and shipping ,	35	1,819,198	214,773	12,238	1,592,187
	Occupancy	36	1,137,007	1,084,662	52,345	
37	Equipment rental and maintenance	37	1,301,732	1,086,026	214,969	737
38	Printing and publications	38	721,679	44,098	11,069	666,512
39	Travel	39	752,579	694,781	46,044	11,754
40	Conferences, conventions, and meetings	40	0	0	0	0
41	Interest	41	895,092	541,928	227,436	125,728
‡2 	Depreciation, depletion, etc (attach schedule)	42	2,942,833	2,659,554	104,437	178,842
13	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
С.		43c			<u> </u>	
d		43d				
e		43e				
f		43f				
g		43g				
14	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	52,286,794	38,421,192	4,472,278	9 393 324
oint C	osts. Check F   If you are following SOP 98-2	1	,,,	30,.21,132	1, 112,210	9,393,324

A 272

Form **990** (2006)

Page 3

Statement of Program Service Accomplishments (See the instructions,

Form 990 (2006)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Form <b>990</b> (2006)		
38,421,192	al line 44, column (B), Program services) 📭	f Total of Program Service Expenses (should equal
	) If this amount includes foreign grants, check here ▶ ┌	
	) If this amount includes foreign grants, check here ▶ ┌	(Grants and allocations \$
	) If this amount includes foreign grants, check here ▶	(Grants and allocations \$
	) If this amount includes foreign grants, check here ▶	(Grants and allocations \$
38,421,192	If this amount includes foreign grants, check here 📭 🦵	(Grants and allocations \$ 0)
	Broadcasting The purpose and subsequently the achievements of Window To The World Communications, Inc. is to broadcast and produce educational, cultural, public affairs, entertainment and other programming and informational services through television, radio and other means in any and all media now known or hereafter devised for the approximate 3,400,000 households in and around the greater Chicago metropolitan area. One publication was issued during fiscal year 2007 for our members. Network Chicago Guide is a monthly publication published with WTTW/Channel 11 and 98.7 WFMT Radio schedules for our members. The publication is not sold directly to the public, it is given to the subscribers of WTTW/Channel 11 and 98.7 WFMT Radio, respectively Grants and allocations given to others from Window To The World Communications, Inc., is \$0 (0 Households)	a Broadcasting The purpose and subsequently the to broadcast and produce educational, cultural, proformational services through television, radio a devised for the approximate 3,400,000 househo publication was issued during fiscal year 2007 fix published with WTTW/Channel 11 and 98 7 WFM directly to the public, it is given to the subscribe Grants and allocations given to others from Wind
Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)	What is the organization's primary exempt purpose? Problic Television Programming All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	What is the organization's primary exempt purpose? Problic Television Programming All organizations must describe their exempt purpose achievements in a clear and concise manner. State to publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organ charitable trusts must also enter the amount of grants and allocations to others.)

Part IV	Balance	Sheets	(See	the	instructions.)	
---------	---------	--------	------	-----	----------------	--

Note:	Where required, attached schedules and amo column should be for end-of-year amounts c	nly.	,	(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing			1,894	45	1,90
46	Savings and temporary cash investments			1,166,344	46	1,310,14
47a	Accounts receivable	47a	3,518,318			
b	Less allowance for doubtful accounts	47b	39,927	2,923,921	47c	3,478,39
48a	Bladges recountly		000 000			
b	Pledges receivable	48a	903,082	4 200 402		
49		48b	42,954	1,366,462		860,12
50a	Receivables from current and former office	rs.durect	ors trustees and	0	49	
h	key employees (attach schedule) Receivables from other disqualified persoi			0	50a	
	4958(c)(3)(B) (attach schedule)	. , .	ined under section	0	50b	
51a	Other notes and loans receivable (attach schedule)	51a	0			
52	Less allowance for doubtful accounts	51b	0	0	51c	
52	Inventories for sale or use			407,390		352,60
53	Prepaid expenses and deferred charges			598,390		546,15
54a	Investments—publicly-traded securities		Cost FMV	15,911,215	54a	17,201,72
b	Investments—other securities (attach sch	edule) 🜬	Cost F FMV	12,121,206	54b	14,269,72
55a	Investments—land, buildings, and equipment basis	55a	0			
ь	Less accumulated depreciation (attach	55b	0	0	55c	
56	Investments—other (attach schedule)			0	56	
	Land, buildings, and equipment basis	   <sub>57a</sub>	56,724,112	· · · · · · · · · · · · · · · · · · ·	30	
1	Less accumulated depreciation (attach schedule)	57b	33,687,898	24,547,559	57c	<b>%</b> 23,036,21
58	Other assets, including program-related in	vestmen	ts			
	(describe ▶	****	)	2,430,746	58	2,435,76
59	Total assets (must equal line 74) Add line	e 15 thro	ugh E9	61,475,127	59	62 402 75
60	Accounts payable and accrued expenses		ugii 50	4,595,617	60	63,492,75 4,890,31
61	Grants payable		-	4,393,617	61	4,690,31
62	Deferred revenue			1,774,538	62	2,712,31
63	Loans from officers, directors, trustees, an		plovees (attach	1,77-4,500		2,712,51.
	schedule)			o	63	
64a	Tax-exempt bond liabilities (attach schedu	ile) .	–	19,700,000	64a	19,700,000
ь	Mortgages and other notes payable (attack	schedule	e)	2,600,000	64b	1,600,000
65	Other liablilities (describe >			1,737,487	65	1,723,772
66	Total liabilities Add lines 60 through 65			30,407,642	66	30,626,396
Orga	nizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74					
67	Unrestricted			26,989,453	67	28,624,303
68	Temporarily restricted			854,165	68	953,763
69	Permanently restricted			3,223,867	69	3,288,294
Orgai	nizations that do not follow SFAS 117, chec complete lines 70 through 74					
70	Capital stock, trust principal, or current fur	ds			70	
71	Paid-in or capital surplus, or land, building,	and equi	pment fund		71	
72	Retained earnings, endowment, accumulate	d income	, or other funds .		72	
73	Total net assets or fund balances Add line through 72 (Column (A) must equal line 19	s 67 thro and colu	nugh 69 <b>or</b> lines 70 mn (B) <b>must</b> equal			
	line 21)			31,067,485	73	32,866,360
74	Total liabilities and net assets / fund balances	Add lines 6	6 and 73	61,475,127	74	63,492,756

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Par	Reconciliation of Rever the instructions.)	ue per Audited Finai	ncial Sta	tements V	Vith Reven	ue per	Return (See
	Total revenue, gains, and other suppo	rt per audited financial sta	tements			a	57,844,304
ь	Amounts included on line a but not or		tements				
1	Net unrealized gains on investments	•	Ь1.	1	3,148,484		
2	Donated services and use of facilities		b2		3,373,634		
_			ļ		3,3/3,034		
3	Recoveries of prior year grants		b3		U		
4	Other (specify)		b4		-87,914		
	Add lines <b>b1</b> through <b>b4</b>					ь	6,434,204
c	Subtract line <b>b</b> from line <b>a</b>					С	51,410,100
d	Amounts included on Part I, line 12,			. , , .			
u 1	Investment expenses not included or		1	1	267,526		
•	6b	in art 1, mile	d1		207,320		
2	Other (specify)						
			d2		-652,526		
	Add lines d1 and d2					d	6,434,204
e	Total revenue (Part I, line 12) Add li	nes <b>c</b> and					51,025,100
	d					e	
Par	Reconciliation of Exper					nses pe	
a	Total expenses and losses per audite	d financial statements .		p <b>q</b> 1		а	56,045,428
b	A mounts included on line a but not or	Part I, line 17					
1	Donated services and use of facilities		b1		3,373,634		
2	Prior year adjustments reported on P	art I, line			0		
_	20		b2				
3	Losses reported on Part I, line		ьз		0		
4	Other (specify)						
~	Other (specify) <u>cap</u>		b4		652,526		
	Add lines <b>b1</b> through <b>b4</b>		- L	J		ь	4,026,160
c	Subtract line b from line a					c	52,019,268
	Amounts included on Part I, line 17,						32,013,200
d			1	1	267 526		
1	Investment expenses not included or 6b	Part I, line	d1		267,526		
2	Other (specify)						
_			d2		0		
	Add lines <b>d1</b> and <b>d2</b>					d	267,526
e	Total expenses (Part I, line 17) Add	ines <b>c</b> and					52,286,794
	d					е	
Рап	V-A Current Officers, Director director, trustee, or key en instructions.)	ors, Trustees, and Ke oployee at any time dur	ring the ye	<b>yees</b> (List ear even if	they were r	n who wa	as an officer, pensated.) <i>(See the</i>
		(B) Tab	(0) 6		(D) Contribi employee bene		(E) Expense
	(A) Name and address	(B) Title and average hours per week devoted to position		npensation d, enter -0)	deferred com	pensation	account and other allowances
	I Data Talli		ļ		plan	;	
See A	dditional Data Table		ļ				
	•						

Part VI Other Information (See the Instructions)  (A) Name and address  (B) Irons and Advances  (C) Compensation  (D) Committeness  (D) Comm	Form	990 (2006)							Page 6
The meetings by Are any efficients, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated employees listed in Schedule A, Part I, or highest compensated employees listed in Schedule A, Part I, or highest compensated employees listed in Schedule A, Part I, or highest compensated employees listed in Schedule A, Part II, or highest compensated employees listed in Schedule A, Part II, or highest compensated employees listed in Schedule A, Part II, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation are not seen schedule A, Part II, or highest compensation and other independent contractors listed in Schedule A, Part II, or highest compensation of the instructions or organization. If years are sufficient in the program of the part of the season of the season of the program organization. If years are sufficient in the part of the season of the part of the part of the season of the part	Par	it V-A Curre	nt Officers, Director	s, Trustees, and Ke	y Employees (cont	inued)		Yes	No
b Are any officers, directors, trustees, or key employees listed in Form 950, Part V-A, or highest compensated employees listed in Schedule A, Part I, A or highest compensated root rectors listed in Schedule A, Part II, A or 115, related to each other through family or business relationships? If Yes,* attach a statement that identifies the individuals and explains the relationships (5).  Do any officers, directors, trustees, or key employees listed in Porm 950, Part V-A, or highest compensated employees listed in Schedule A, Part II, A or 11-8, receive compensated professional and other independent contractors listed in Schedule A, Part II, A or 11-8, receive compensated professional and other independent contractors listed in Schedule A, Part II, A or 11-8, receive compensated professional and other independent contractors listed in Schedule A, Part II, A or 11-8, receive compensated professional and other independent contractors listed in Schedule A, Part II, A or 11-8, receive compensated professional and other independent contractors listed in Schedule A, Part II, A or 11-8, receive compensation from any other organizations, whether tax example or taxable, that are related to the test exceive of the definition of "related organization" by the part of the definition of "related organization by the part of the definition of "related organization by the part of the definition of "related organization by the part of the definition of "related organization by the part of the definition of "related organization or other benefits (II any former officer, director, trustees, and Key Employees That Received Compensation or other benefits (II any former officer, director, director, trustees, organization or other benefits in the appropriate column. See the instructions.)  (A) Itime and address  (B) Loans and Advarces  (B) Loans and Advarces  (C) Compensation  (B) Loans and Advarces  (C) Compensation  (G) Compensation fine organization organization organization organization organization organization organization of sec	75a	Enter the total	number of officers, directo	rs, and trustees permitted	d to vote on organizatio	n business at board			
employees listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If Yes, "attach a statement that identifies the individuals and explanas the relationships? If Yes," attach a statement that identifies the individuals and explanas the relationships? If Yes, "attach a statement that identifies the individuals and explanas the relationships? If Yes," attach a Statement that identifies the individual and explanas the relationships? If Yes, attach a Statement that includes the information described in from 990, Part V-A, or injhest compensated amployees listed in Schedule A, Part I, or II-B, reserve compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization".  If Yes, attach a statement that includes the information described in the instructions.  The part II-B promer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column, see the instructions.  (A) iteme and address  (B) Loans and Advances  (B) Loans and Advances  (C) Compensation		meetings .							
contractors listed in Schedule A, Part II-A or II-6, related to each other through family or business relationships? If "Yes," attach a statement that inclines the individuals and explains the relationships).  C Do any officers, directors, structees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or III-8, receive compensated professional and other independent contractors blade in Schedule A, Part II-A or III-8, received compensation from any other organizations, whether tax exempt or toxable, that are related to the organization? See the instructions for the definition of "related organization have a written conflict of interest policy?  Part V-D Former Officers, Directors, Trusteese, and Key Employees That Received Compensation or Other Benefits (If any former officers, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.)  (A) Itame and address  (B) Lans and Advances  (B) Compensation (C) Compensation (C) Compensation (C) Compensation (C) Compensation (C) Compensation (C) Compensation (D) Contributors to employee and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  Part V D their Information (See the instructions.)  (A) Itame and address  (B) Lans and Advances (B) Lans and Advances (C) Compensation (C) Compensation (C) Compensation (D) Contributors to employee and enter the amount of compensation or other benefits of the department of each change  75 No  No  Diff Ves any changes made in the organization organization with a statewate organization than the properties of the changes  76 No  No  No  No  No  No  No  No  If "Yes," a starch a conforment, the manual organization or proposed to the IRS?  77 No  No  No  No  No  No  Enter direct or indirect political expenditures (See line 81 instructions) through common membership, soweming addes, flustees, effects, etc. It only other compt or nonexempt organization) innonexempt  In	ь	Are any officers	s, directors, trustees, or k	ey employees listed in Fo	rm 990, Part V-A, or hi	ghest compensated			
relationships? If "yes," attach a statement that identifies the individuals and explains the relationship(s).  Do any officers, directors, trustees, or key employees listed in Form \$99, Part V-A, or inchest compensated employees listed in Schedule A, Part I, or thingset compensated professional and other independent contractors listed in Schedule A, Part II - A or III-8, receive compensation from any other organizations, whether lax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" or the part III-8 or III-8, receive compensation from any other organizations, whether lax exempt or traxable, that are related to the organization? See the instructions  Tyres," attach a statement that includes the information described in the instructions  Tyres," attach a statement that includes the information described in the instructions.  Tyres," attach a statement that includes the information described in the instructions.  Tyres," attach a statement of the part of the instructions.  Tyres," attach a conformation (See the Instructions.)  (A) Hame and address  (B) Lones and Advances  (C) Compensation  (C) Compensation  (C) Compensation  (C) Compensation  (D) Conclusions to engine the appropriate column. See the instructions.)  (D) Conclusions to engine the appropriate column. See the instructions.)  (D) Conclusions to engine the instructions.)  (D) Conclusions to engine the appropriate column. See the instructions.)  (D) Compensation of compensation or other benefits of the appropriate column. See the instructions.)  (E) Expense account at other and address of methods of conducting activities? If "Yes," attach a detailed statement of each change  Tyre in the enganzation make a change in the organization of method organization (E) Expense account at other allowances.  Type In No. III "Yes," attach a conformed copy of the changes.  Type In No. III "Yes," attach a conformed copy of the changes.  Type In No. III "Yes," attach a conformed copy of the changes.		employees liste	ed in Schedule A , Part I , o	r highest compensated pr	ofessional and other inc	lependent			
c. Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I., or highest compensated profess onal and other independent contractors lated in Schedule A, Part I., or highest compensated profess onal and other independent contractors lated in Schedule A, Part I., or highest compensated many other organizations, whether tax exemptor taxable, that are related to the organization? Jet 17*es, "attach a statement that includes the information described in the instructions of the definition of "related organization".  Jet 17*es, "attach a statement that includes the information described in the instructions."  Part VIII. Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officers, director, trustee, or key employee received compensation or other benefits (If any former officers, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (C) Compensation  (C) Compensation  (C) Compensation  (D) Contactures to other allowances of the instructions.  (D) Contactures to other allowances of the instructions of the relation o		contractors list	ed in Schedule A , Part II-	A or II-B, related to each	other through family or	business			
employees listed in Schedule A, Part II or highest compensated professional and other independent tax exempt or taxable, that are related to the organizations whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization".  ### 17" is a state as a statement that includes the information described in the instructions.  #### 18" is a state as a statement that includes the information described in the instructions.  #### 18" is a state as a statement that includes the information described in the instructions.  #### 19" is a state as a statement that includes the information described in the instructions.  #### 19" is a state as a statement that includes the information described in the instructions.  #### 20" is a statement of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.  #### 19" is a statement of each dange.  #### 10" is a statement of each dange.  ####		relationships?	If "Yes," attach a stateme	nt that identifies the indiv	iduals and explains the	relationship(s) .	75b		No
employees listed in Schedule A, Part II or highest compensated professional and other independent tax exempt or taxable, that are related to the organizations whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization".  ### 17" is a state as a statement that includes the information described in the instructions.  #### 18" is a state as a statement that includes the information described in the instructions.  #### 18" is a state as a statement that includes the information described in the instructions.  #### 19" is a state as a statement that includes the information described in the instructions.  #### 19" is a state as a statement that includes the information described in the instructions.  #### 20" is a statement of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.  #### 19" is a statement of each dange.  #### 10" is a statement of each dange.  ####	c								<del>                                     </del>
contractors listed in Schedule A, Part III-A or III-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions of related organization? See the instructions of related organization? See the instructions of related organization are proportionally as a statement that includes the information described in the instructions.    Part V=B  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.    (a) Name and address									
tax exempl or laxable, that are related to the organization? See the instructions for the definition of "related organization".  If "Yes," attach a statement that includes the information described in the instructions.  d Dues the organization have a written conflict of interest policy?  Part V-3  Part V-3  Pormer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officers, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation benefits in the appropriate column. See the instructions.  (A) frame and address  (B) Loans and Advances  (C) Compensation (If not pad enter -0-)  deferred compensation (See the instructions.)  (C) Compensation (If not pad enter -0-)  deferred compensation (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation or other allowances of the organization and deferred compensation of the allowances.  (D) Compensation (If not pad enter -0-)  To the organization make a crange in its activities or methods of conducting activities? If "Yes," attach a deferred compensation of the allowances of conducting activities? If "Yes," attach a conformation of the organization of the compensation of the organization of the organization of the compensation of the organization of the compensation of the organization of the organization of the organization was a statement of each change of the compensation of the organization of th				•		·			
organization"  If "Yes," attach a statement that includes the information described in the instructions  d Does the organization have a written conflict of interest policy?  75d Yes  PartVI PartVI				, , , , , , , , , , , , , , , , , , ,		•	75c		No
d Does the organization have a written conflict of interest policy?  Part VID: Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (In any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Laans and Advances  (C) Compensation (If not ped enter-0-1) and deferred compensation or other benefits of the instructions.)  (C) Compensation (If not ped enter-0-1) and deferred compensation or other benefits of the instructions.)  (B) Laans and Advances  (C) Compensation (If not ped enter-0-1) and deferred compensation or other allowances of the instructions.)  (B) Laans and Advances  (C) Compensation (If not ped enter-0-1) and deferred compensation or other allowances of the instructions.)  (B) Laans and Advances  (C) Compensation (If not ped enter-0-1) and deferred compensation or other allowances of the instructions.)  (B) Laans and Advances  (C) Compensation (If not ped enter-0-1) and deferred compensation (If not ped enter-0-1		organization"							
Benefits (If any former officer, director, trustee, or key employees That Received Compensation or Other Benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.  (A) Name and address  (B) Loans and Advances  (C) Compensation (If not paid enter -0-)  (C) Compensation (If not paid enter -0-)  (D) Contributions to enter the amount of compensation or other plans and defended compensation or other plans and enter -0-)  (D) Contributions to enter the amount of compensation (E) Expense account at other allowances of the other allowances of		If "Yes," attach	a statement that includes	the information describe	d in the instructions				
Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (C) Compensation  (If not paid enter -0-)  (B) Contributions to employee benefit plans and defined compensation of the reliable and defined compensation of the reliable and defined compensation of the reliable and defined compensation plans  Pair VI Other Information (See the instructions.)  76 Det the organization make a change in its activities or methods of conducting activities? If "yes," attach a detailed statement of each change  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  78 Det the organization have unrelated business gines income of \$1,000 or more during the year covered by this return?  78 Yes  79 We sthere a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80 If "Yes," enter the name of the organization or nonexempt or nonexempt or nonexempt or nonexempt  and check whether it is exempt or nonexempt  81a Enter direct or indirect political expenditures (See line \$1 instructions)  81a (B) Expense accounts a compound on or other below and enter the amount of the properties and enter the amount of the plans and enter the plans and check whether it is exempt or nonexempt  81a Enter direct or indirect political expenditures (See line \$1 instructions)  81a Defined interest or indirect political expenditures (See line \$1 instructions)  81a Defined interest or indirect political expenditures (See line \$1 instructions)	d	Does the organ	ization have a written conf	flict of interest policy? .			75d	Yes	
(A) Name and address  (B) Loans and Advances  (C) Compensation (In ot pad enter -0-) and deferred compensation plans  (B) Expense account a other allowances and deferred compensation plans  Part VII Other Information (See the instructions.)  Ves No  Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  If "Yes," attach a conformed copy of the changes  Did the organization make and the organizing or governing documents but not reported to the IRS?  To No  If "Yes," attach a conformed copy of the changes  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Was there all quidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  To No  If "Yes," attach a conformed copy of the changes  Dif "Yes," has it filed a tax return on Form 990-T for this year?  Was there all quidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  To No  To N	Pal	<b>Bene</b> (desc	<b>fits</b> (If any former offi ribed below) during the	cer, director, trustee, year, list that person	or key employee red below and enter the	ceived compensation amount of compens	or ot	her be	nefits
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		(A) Name a	nd address	(B) Loans and Advances		employee benefit plans and deferred compensation			
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change			· · · · · · · · · · · · · · · · · · ·					***************************************	·····
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	25.11	W Other I	nformation (See the	instructions.)	I			Ves	No
detailed statement of each change	76				rities? If "Yes," attach a				
Were any changes made in the organizing or governing documents but not reported to the IRS?	- '	-		-			76		No
If "Yes," attach a conformed copy of the changes  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78a Yes  78b Yes  78b Yes  78b Yes  78b Yes  78b Yes  78b Yes  78c Yes  78b Yes  78b Yes  78c Yes  78b Yes  78b Yes  78c Yes  78b Yes  78c Yes  78b Yes  78c Yes	77				but not reported to the I	RS?	$\vdash$		
The properties of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  The properties of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  The properties of th				-					
The properties of the properti	78a			=	ng the year covered by this	estum?	782	Vac	
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement									
a statement							,00	162	
Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?					year 21 rest attach		70		N o
governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a			on with a statewide or nationwing	de organization) through com	nmon membershin	13		11 0
b If "Yes," enter the name of the organization   and check whether it is						илот петрегалр,	80-		M =
and check whether it is exempt or nonexempt  81a Enter direct or indirect political expenditures (See line 81 instructions) 81a 0	_				incodor:	• • •	oud		N O
81a Enter direct or indirect political expenditures (See line 81 instructions ) 81a 0	Ь	If "Yes," enter the	ne name of the organization						
						·			
b Did the organization file Form 1120-POL for this year?						i			
Form <b>990</b> (2000	b	Did the organiza	tion file Form 1120-POL fo	rtnis year?					

	Other Information (continued)					Yes	No
а	Old the organization receive donated services or the use of materials, equipment, c	or facilities	at no chai	ge or			
	at substantially less than fair rental value?				82a	Yes	
3	f "Yes," you may indicate the value of these items here. Do not include this amount as revenue						+
	n Part I or as an expense in Part II (See instructions in Part III )	82b		0			
a	Did the organization comply with the public inspection requirements for returns and		n applicati		83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro q				83b	Yes	<del> </del>
	Old the organization solicit any contributions or gifts that were not tax deductible?				84a		No
	f "Yes," did the organization include with every solicitation an express statement						110
	ufts were not tax deductible?	chat sach c	. OII (I I D d (I O	115 01	84b		
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by m	embers?			85a		<del> </del>
	Old the organization make only in-house lobbying expenditures of \$2,000 or less?				85b		<del> </del>
	f "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h bel eceived a waiver for proxy tax owed the prior year				650		
2	Oues assessments, and similar amounts from members	85c					
1	ection 162(e) lobbying and political expenditures	85d			1		
	ggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e					
	axable amount of lobbying and political expenditures (line 85d less 85e)	85f			┪		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 8	L			85g		
	f section 6033(e)(1)(A) dues notices were sent, does the organization agree to ad		unt on line	85f+c++-			<del>                                     </del>
	easonable estimate of dues allocable to nondeductible lobbying and political experence.				85h		
	01(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a					
	Fross receipts, included on line 12, for public use of club facilities	86b			1		
	01(c)(12) orgs. Enter a Gross income from members or shareholders	87a			1		
	ross income from other sources (Do not net amounts due or paid to other				†		
5	ources against amounts due or received from them)	87b	rnoration				
		i taxable ci			1 1		1
	artnership, or an entity disregarded as separate from the organization under Regul nd 301 7701-3? If "Yes," complete Part IX				00-		N.
ě	nd 301 7701-3? If "Yes," complete Part IX	lations sec	tions 301	7701-2	88a		No
4	nd 301 7701-3? If "Yes," complete Part IX	lations sec	tions 301	7701-2	88a	20 24 11	No
4	nd 301 7701-3? If "Yes," complete Part IX	lations sec	tions 301	7701-2		-	
<i>A</i>	nd 301 7701-3? If "Yes," complete Part IX	lations sec	tions 301	7701-2	88a 88b		No No
4	nd 301 7701-3? If "Yes," complete Part IX	lations sec	tions 301	7701-2			
4 0	t any time during the year, did the organization directly or indirectly own a control fsection 512(b)(13)? If yes complete Part XI	lations sec	tions 301	7701-2  meaning 			
2 4 4 t	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI	led entity v e year under 4955  ss benefit If "Yes," a	tions 301 within the er transactio	7701-2 meaning 0 n during	88b		No
2 4 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI  O1(c)(3) organizations Enter Amount of tax imposed on the organization during the ection 4911  O, section 4912  O, section 01(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excene year or did it become aware of an excess benefit transaction from a prior year? xplaining each transaction  onter Amount of tax imposed on the organization managers or disqualified persons	e year under 4955  ss benefit If "Yes," a	tions 301 within the er transactio	7701-2 meaning 0 n during			
2 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI	e year under 4955 Mary September 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tions 301 within the er transactio	7701-2 meaning 0 n during stement	88b		No
t e e e	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI	e year unde 4955  ss benefit If "Yes," a	within the	7701-2 meaning 0 n during stement 0	88b		No
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t e E At	t any time during the year, did the organization directly or indirectly own a control fsection 512(b)(13)? If yes complete Part XI	e year under 4955 Mary September 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	within the contraction transaction ttach a stack as shelter	7701-2 meaning 0 n during stement 0	88b		No
# t t e E C E A t	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI  O1(c)(3) organizations Enter Amount of tax imposed on the organization during the ection 4911  O, section 4912  O, section 01(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 exce re year or did it become aware of an excess benefit transaction from a prior year? xplaining each transaction  onter Amount of tax imposed on the organization managers or disqualified persons uring the year under sections 4912, 4955, and 4958  onter Amount of tax on line 89c, above, reimbursed by the organization  ill organizations. At any time during the tax year was the organization a party to a parasaction?	e year under 4955 Mary September 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	within the contraction transaction ttach a stack as shelter	7701-2 meaning 0 n during stement 0	88b		No
	t any time during the year, did the organization directly or indirectly own a control fsection 512(b)(13)? If yes complete Part XI	e year unde 4955 ss benefit If "Yes," a cable insur	within the	7701-2 meaning 0 n during stement 0	88b 89b		No No
	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI	e year unde 4955 ss benefit If "Yes," a cable insur	within the	7701-2 meaning 0 n during stement 0	88b 89b		No No
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to E At A Food	t any time during the year, did the organization directly or indirectly own a control fsection 512(b)(13)? If yes complete Part XI	e year under 4955  ss benefit If "Yes," a rohibited to	within the	7701-2 meaning 0 n during stement 0	89b 89e 89f		No No
a AC ESECEVE	t any time during the year, did the organization directly or indirectly own a control fsection 512(b)(13)? If yes complete Part XI	e year under  ss benefit If "Yes," a  rohibited to	transactions 301  transactions as the support of th	7701-2 meaning 0 n during stement 0 ract?	89b 89e 89f		No No No
the EC E At A FOC L NIII	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI  O1(c)(3) organizations Enter Amount of tax imposed on the organization during the section 4911  O, section 4912  O, section 4912  O, section 4913  O, section 4916  O, section 4916  O, section 4917  O, section 4918  O, section 4958 exce the year or did it become aware of an excess benefit transaction from a prior year? Explaining each transaction  Inter Amount of tax imposed on the organization managers or disqualified persons uring the year under sections 4912, 4955, and 4958  Inter Amount of tax on line 89c, above, reimbursed by the organization  Il organizations. At any time during the tax year was the organization a party to a pransaction?  Il organizations. Did the organization acquire direct or indirect interest in any application or a fund maintained by a sponsoring organization, have excess busing uring the year?  In organization, or a fund maintained by a sponsoring organization, have excess busing the year?  In organization or a fund maintained by a sponsoring organization, have excess busing uring the year?  In organization or a fund maintained by a sponsoring organization, have excess busing the year?  In organization or a fund maintained by a sponsoring organization and sponsoring organ	e year unde 4955 > ss benefit If "Yes," a cable insur	transactions as transactions as the supportions at any to the supportion at any to the supportions at any to the supportion at any to the sup	7701-2 meaning 0 n during stement 0  oract? sing ime	89b 89e 89f	000	No No No
t t t t t t t t t t t t t t t t t t t	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI  O1(c)(3) organizations Enter Amount of tax imposed on the organization during the action 4911  0, section 4912  0, section 01(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 exce we year or did it become aware of an excess benefit transaction from a prior year? explaining each transaction	e year unde 4955  ss benefit If "Yes," a  rohibited to cable insur  unds. Did t ess holding	within the within the support of the	7701-2 meaning 0 n during stement 0 0 ract? sing ime (773)	89b 89e 89f 89g	000	No No No
t t t t t t t t t t t t t t t t t t t	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI  O1(c)(3) organizations Enter A mount of tax imposed on the organization during the ection 4911  O, section 4912  O, section 4912  O, section 4958 exce we year or did it become aware of an excess benefit transaction from a prior year? explaining each transaction  nter A mount of tax imposed on the organization managers or disqualified persons uring the year under sections 4912, 4955, and 4958  nter A mount of tax on line 89c, above, reimbursed by the organization  ill organizations. At any time during the tax year was the organization a party to a pransaction?  Ill organizations. Did the organization acquire direct or indirect interest in any application and any position or a fund maintained by a sponsoring organization, have excess busing the year?  ist the states with which a copy of this return is filled  IL,MI,WI,IN  umber of employees employed in the pay period that includes March 12, 2006 (Seistructions)  be books are in care of  Window To The World Communications Inc  5400 N St Louis A venue  occated at  Chicago, IL	e year under 4955  ss benefit If "Yes," a  rohibited to  cable insur  unds. Did to  ess holding	within the transaction transaction transaction tracks a stack	7701-2 meaning 0 n during stement 0  0  ract? Sing ime  (773)	89b 89e 89f 89g	000	No No No
the Eco E Att A Food L NIII T L Aco	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI  01(c)(3) organizations	e year unde  4955  ss benefit If "Yes," a  rohibited to  cable insur  unds. Did t ess holding  Tele  ZIP  gnature or count, or or	within the support and a support a support a support a support and a support a sup	7701-2 meaning 0 n during stement 0  70  7701-2 70 70 70 70 70 70 70 70 70 70 70 70 70	89b 89e 89f 89g	000 Yes	No No No
a AC 4 S 4 t 6 E C E A t A F C C L N I I L C C C	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI  O1(c)(3) organizations  Enter Amount of tax imposed on the organization during the section 4911   0, section 4912   0, section 4912   0, section 4918   0, section 4918	e year under  e year under  4955  ss benefit  If "Yes," a  rohibited to  cable insur  unds. Did te  es holding  ee   Tele  ZIP  gnature or  count, or o	within the support and a support a support a support a support and a support a sup	7701-2 meaning 0 n during stement 0  70  7701-2 70 70 70 70 70 70 70 70 70 70 70 70 70	89b 89e 89f 89g		No No No
	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI  01(c)(3) organizations	e year under  e year under  4955  ss benefit  If "Yes," a  rohibited to  cable insur  unds. Did te  es holding  ee   Tele  ZIP  gnature or  count, or o	within the support and a support a support a support a support and a support a sup	7701-2 meaning 0 n during stement 0  70  7701-2 70 70 70 70 70 70 70 70 70 70 70 70 70	89b 89e 89f 89g		No No No
	t any time during the year, did the organization directly or indirectly own a control f section 512(b)(13)? If yes complete Part XI  O1(c)(3) organizations  Enter Amount of tax imposed on the organization during the section 4911   0, section 4912   0, section 4912   0, section 4918   0, section 4918	e year unde 4955  ss benefit If "Yes," a  cable insur  unds. Did t  ess holding  Tele ZIP Ignature or  count, or o	within the interest of transaction that a state is a same continuous at any to the support of th	7701-2 meaning 0 n during gitement 0  7701-2 0 nduring (7701-2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	89b 89e 89f 89g		No No No

Form 990 (2006)	- t( 1)							Page
Part Vi Other Information (con							Yes	No
<b>c</b> At any time during the calendar yea	ır, dıd the organızat	ion maintain	an office outside o	of the United	States?	91c		Νo
If "Yes," enter the name of the foreig	gn country 🌬				***************************************			
92 Section 4947(a)(1) nonexempt charita								<b>₽-</b>
and enter the amount of tax-exempt					. ≱- 92			
Paraver Analysis of Income-Pr					,			
Note: Enter gross amounts unless otherwis	se indicated.	(A)	business income	(C)	ection 512, 513, or 5	14	( <b>E)</b> Relate	
		Business	(B) Amount	Exclusion	(D) Amount	l	exempt fu	unction
93 Program service revenue		code		code			IIICOII	
a Spot Advertising/Underwriting		513100	3,029,743			0	2	2,029,64
b Radio Production Programming			0			0		,735,57
c Publication Advertising		511190	80,981			0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<b>d</b> Web Services		561499	7,894			0		
e Tv Production Underwriting			0			0	6	,867,18
f Medicare/Medicaid payments .	f 4 1 x					$\dashv$		, ,
g Fees and contracts from governme	i i							
94 Membership dues and assessment	s . , .					$\top$		
95 Interest on savings and temporary cash inv	estments e	***************************************	0	14	63,9	75		(
96 Dividends and interest from securit	ties		0	14	1,021,34	13		(
97 Net rental income or (loss) from rea	al estate						THE STATE OF THE S	
a debt-financed property								
<b>b</b> non debt-financed property								
98 Net rental income or (loss) from personal p	property							
99 Other investment income								
100 Gain or (loss) from sales of assets other th	1		0	18	585,97			
101 Net income or (loss) from special e	1		0			0		627,648
102 Gross profit or (loss) from sales of	· .		0			0		-41,872
103 Other revenue a Program Sales	& Syndication	513100	44,175	15	53,99			
b Royalties (includes PBS)			0	15	205,7			
c Facilities Rental		532000	29,934			0		375,767
d List Rental			0	13	107,78	39		0
e Other/Miscellaneous		513100	84,124	1	95,23			240,277
104 Subtotal (add columns (B), (D), and			3,276,851		2,134,06	;3	11,	,834,227
<b>105 Total</b> (add line 104, columns (B), (D l <b>ote:</b> <i>Line 105 plus line 1e, Part I, should ed</i>					» <u> </u>		17,24	5,141
Part VIII Relationship of Activ. ine No. Explain how each activity for whi of the organization's exempt purp See Additional Data Table	ch income is report	ed in columi	n (E) of Part VII co	ntributed in	es (See the in	accor	uctions.	nt
Part IX Information Regarding	Taxable Subs	idiaries a	ind Disregards	d Entitie	s (See the in	strin	tions \	Address of the contract of the
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest		(C) Nature of activities	- w mittiele:	(D) Total income		( <b>E)</b> End-of-y	
	%					_	assets	,
	%	<del> </del>				$\perp$		
	%					<del></del>		
Part X Information Regarding instructions.)			with Personal I	Benefit Co	ontracts (See	the	Niego, mario de la granda	The state of the s
(a) Did the organization, during the year, receive	any funds, directly or	ındırectiy, to pa	ay premiums on a pers	onal benefit co	ontract?		「Yes √	. No
(b) Did the organization, during the year NOTE: If "Yes" to (b), file Form 8870 and	, pay premiums, dir	ectly or indi				•	「Yes ▼	. No
						F	orm <b>990</b>	(2006

Form 990 (2006)

Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

Page 9

Form 990 (2006) Preparer's SSN or PTIN (See Gen Inst W) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2 2 2 Amount of transfer Amount of transfer ¥ es Yes S O S 9 9 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, .B. Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of Phone no 2008-05-08 Description of Description of transfer transfer Date self-empolyed 🕨 Check If the Code? if "Yes," complete the schedule below for each controlled entity the Code? if "Yes," complete the schedule below for each controlled entity **Employer Identification** Employer Identification Date Number Number royalties and annuities described in question 107 above? Reese Marcusson Executive Vice President & CFO Name and address of each Name and address of each Type or print name and title controlled entity controlled entity Firm's name (or yours if self-employed), address, and ZIP + 4 Totals Signature of officer Totals Preparer's signature Preparer's Please VEO VEO Sign Tere <u>م</u> م Use 106 108 107 279

### SCHEDULE A Organization Exempt Under Section 501(c)(3)

(Form 990 or 990EZ)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

36-2246703

Name of the organization
WINDOW TO THE WORLD COMMUNICATIONS INC Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instruction	ns. List each one. If there ar	e none, enter "Nor	ne.")	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Phil Ponce	- Sr Correspondent			
5400 N St Louis Avenue Chicago, IL 606254623	40	188,139	20,216	0
Julie Anderson	Producer			
5400 N St Louis Avenue Chicago, IL 606254623	40	115,093	17,846	0
Donna Davies	Vice President			
5400 N St Louis Avenue Chicago, IL 606254623	40	118,646	12,498	0
Steve Robinson	Vice President			
5400 N St Louis Avenue Chicago,IL 606254623	40	142,115	27,006	0
Gerald Hanna	Vice President			
5400 N St Louis Avenue Chicago, IL 606254623	40	144,847	7,173	0
Total number of other employees paid over \$50,000	112			,

Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

Notie. )			
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation	
Share Group Inc			
99 Dover Street	Professional Fundraiser	537,399	
Somerville, MA 02144			
Henry Jeff Greenfield			
470 W End Ave APT 9E	Professional Talent	261,572	
New York, NY 10024			
Terry Spencer Hesser			
2480 N Albany Unit 3	Professional Producer	164,050	
Chicago, IL 60647			
The Michael Cohen Group			
	National Education Research	2.025.400	
375 West Broadway	Consultant	3,025,409	
Suite 502 New York, NY 10012			
The Learning Box			
the Learning box	National Marketing/Licensing	639,700	
155 Spring Street	Consultant		
New York, NY 10012	*		
Total number of others receiving over \$50,000 for professional services	15		

Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Word World LLC		
155 Spring Street	National Children's TV Producer	6,550,960
New York, NY 10012		
Freedom Imaging Systems		
Dept 3994 PO Box 2088	Mailing Services	540,707
Milwaukee, WI 53201		
Northern Printing Systems		
9710 Capitol Drive	Printing Services	356,371
Wheeling, IL 60090		
National Public Radio		
635 Massachusetts Avenue NW	Satellite & Uplinking Services	321,331
Washington, DC 20001		
World Marketing - Phoenix		
2850 S Roosevelt Road	Premium Fulfilment House	354,953
Suite 102		
Tempe, AZ 85282		
Total number of other contractors receiving over \$50,000 for other services	4	

Sch	Schedule A (Form 990 or 990-EZ) 2006		Δ	age 2
Ċ	Statements About Activities (See page 2 of the instructions.)		Yes	o Z
H	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or inclined in			
	connection with the lobbying activities * 32,747 (Must equal amounts on line 38. Part VI-A or line			
	of Part VI-B)	<b>P</b>	\ e s	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other		)	
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities		_	
7	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families. or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	to any question is "Yes," attach a			
Ø		2a		o Z
Δ	Lending of money or other extension of credit?	2 <b>b</b>	Yes	
U	Furnishing of goods, services, or facilities?	2c		o Z
Ū	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🖈	2d	Yes	
Ø	: Transfer of any part of its income or assets?	2e		S S
E D	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	nts )	n a		S O
Δ		3b	Yes	
O	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open Space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	ာဗ		0 2
T		34		Νο
4		<b>4</b>		N O N
2	Did the organization make any taxable distributions under section 4966?	45		N <sub>o</sub>
Û	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		N O
ס	Enter the total number of donor advised funds owned at the end of the tax year			
O	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
bijana	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			-

Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax

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<b>.</b> .	VI THE	Reason for Non-Private F	oundation Status	(See pages 4 thi	Foundation Status (See pages 4 through 7 of the Instructions.)	
Icer	tıfy th	I certify that the organization is not a private foundation because it is (Please check only ONE applicable box	dation because it is (PI	lease check only O	NE applicable box )	
RΟ		A church, convention of churches, or association of churches	association of churches	Section 170(b)(1)(A)(i)	)(A)(I)	
Q	L	A school Section 170(b)(1)(A)(II) (Also complete Part V)	Iso complete Part V )			
<b>!</b>		A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(III)	ervice organization Sec	tion 170(b)(1)(A)	( E	
Ø	L	A federal, state, or local government o	or governmental unit Section 170(b)(1)(A)(v)	ction 170(b)(1)(A	(^)	
Ø	L	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III) Enter the hospital's name, city,	sted in conjunction with	a hospital Section	170(b)(1)(A)(III) Enter the hospita	al's name, city,
		and state				
10	L	An organization operated for the benefit of a college or university owned or operated by a governmental unit	it of a college or univers	sity owned or opera	ted by a governmental unit	
		Section 170(b)(1)(A)(IV) (Also complete the Support Schedule in Part IV-A)	ete the Support Schedul	le in Part IV-A)		
(C)	>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public	s a substantial part of it	s support from a go	vernmental unit or from the general	al public
		Section $170(b)(1)(A)(v_1)$ (Also complete the <b>Support Schedule</b> in Part IV-A)	ete the Support Schedul	le in Part IV-A)		
77		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	(A)(vı) (Also complete	the Support Sched	uie in Part IV - A)	
12	L	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross	(1) more than 331/30	% of its support fro	m contributions, membership fees, a	and gross
		receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and (2) no more than 331/3% of	hantable, etc , function	s—subject to certa	in exceptions, and (2) no more than	331/3% of
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses	ome and unrelated busin	ness taxable ıncom	e (less section 511 tax) from busin	nesses
		acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A	30, 1975 See section	1509(a)(2) (Also	complete the <b>Support Schedule</b> in Pa	art IV-A)
M H		An organization that is not controlled by any disqualified persons (other than foundation managers) a requirements of section 509(a)(3). Check the box that describes the type of supporting organization	by any disqualified personeck the box that describ	ons (other than fou bes the type of sup	l by any disqualified persons (other than foundation managers) and otherwise meets the heck the box that describes the type of supporting organization	neets the
		Type I Type II Type	Type III - Functionally Integrated	grated	Tvpe III - Other	
		Provide the following information about the supported organizations. (see page 7 of the instructions.)	ion about the supported	d organizations. (s	ee page 7 of the instructions.)	
				(c)	(4)	
			(B)	Type of	Is the supported	
		(a)	Employer	organization Jerriibed in		(e)
The same	dame(	Name(s) of supported organization(s)	ident if ication number	lines 5 through	supporting organization's governing documents?	Ambunt of
				IRC section)	Yes	
Total					Å	
4		An organization organized and operate	ed to test for public safety	ty Section 509(a)	Section 509(a)(4) (See page 7 of the instructions)	
		The state of the s	The state of the s			,

Page 4

Not	Support Schedule (Complete only ex You may use the worksheet in the instructions for co	r If you checked a proverting from the a	box on line 10, 11 accrual to the cash	, or 12 ) <b>Use ca</b> meth∞d of accoun	ash me	ethod of	accounting.
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2004	(c) 2003		2002	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	37,220,280	28,552,914	32,119,014		31,091,148	128,983,356
16	Membership fees received	0	0	0		0	0
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of	4,699,823	4,590,001	1,706,112		1,010,584	12,006,520
	facilities in any activity that is related to the	1,033,023	1,350,001	1,700,122		1,010,00	12,000,320
10	organization's charitable, etc , purpose Gross income from interest, dividends, amounts						
18	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and	500 504	555 000	maa a76		101 100	
	unrelated business taxable income (less section	608,631	566,939	782,876		481,100	2,439,546
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18	0	0	0		0	0
20							
20	and either paid to it or expended on its	o	0	0		o	0
	behalf						
21	The value of services or facilities furnished to						
	the organization by a governmental unit without	]					
	charge Do not include the value of services or facilities generally furnished to the public without	0	0	0		0	0
	charge						
22	Other income Attach a schedule Do not include	262.442	100.555	470.240		220.004	
	gain or (loss) from sale of capital assets 🛮 🥵	263,443	198,655	178,240		320,091	960,429
23	Total of lines 15 through 22	42,792,177	33,908,509	34,786,242	3	32,902,923	144,389,851
24	Line 23 minus line 17	38,092,354	29,318,508	33,080,130	3	31,892,339	132,383,331
25	Enter 1% of line 23	427,922	339,085	347,862		329,029	
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	ın column (e), lın	e 24 👺	26a		2,647,667
8	Prepare a list for your records to show the name of	and amount contr	ributed by each pe	erson (other			
	than a governmental unit or publicly supported org	anization) whose t	otal gifts for 200.	2 through			
	2005 exceeded the amount shown in line 26a Do	not file this list w	ith your return. E	nter the total			
	of all these excess amounts				26b		0
,	Total support for section 509(a)(1) test Enter line	24. column (e)		·	26c		132,383,331
	Add Amounts from column (e) for lines 18	2,439,546	5 19	0			132,303,331
	22		26b	0	26d	1	2 200 075
	Public support (line 26c minus line 26d total)		. 200		26e		3,399,975
	•	intal at the Day 25.	/ -l	in the second	<u> </u>		128,983,356
	Public support percentage (line 26e (numerator) d		· · · · · · · · · · · · · · · · · · ·	<u> </u>	26f	L	97 43 %
27	Organizations described on line 12: a For amou					•	
	prepare a list for your records to show the name of,			n year from, each	"dıs qua	lified pers	on "
	Do not file this list with your return. Enter the sum		•				
	(2005) (2004)						
E	For any amount included in line 17 that was receive	ed from each pers	on (other than "dı	squalified person	s"), pre	pare a list	for your
	records to show the name of, and amount received	for each year, tha	t was more than t	he <b>larger</b> of <b>(1)</b> th	ie amou	nt on line 2	5 for the year
	or (2) \$5,000 (Include in the list organizations de	scribed in lines 5	through 11b, as v	vell as individuals	) Do no	t file this	list with your
	return. After computing the difference between the	amount received	and the larger am	ount described in	(1) or (	( <b>2)</b> , enter t	he sum of
	these differences (the excess amounts) for each ye	ear					
	(2005) (2004)		(2003)	i	(2002)		
			F		-		
	Add Amounts from column (e) for lines 15		16				
	17 20		21		<b>8</b> -	27c	
	Add Line 27a total	and line 27b tota				27d	
_	Public support (line 27c total minus line 27d total)		<del></del>		i i	27e	
	Total support for section 509(a)(2) test. Enter amo		column (a) & 1	27f	P		
		·	' ' L		127-	! !	
9				**************************************	27g	<u> </u>	
	Investment income percentage (line 18, column (e	****			27h	1	2005
28	Unusual Grants: For an organization described in lin						
	prepare a list for your records to show, for each year		•		-		itet
	description of the nature of the grant Do not file th	na nac wich your re	ELAITI. DO HOT INCI	uue mese grants	er une 1	د.	

	ule A (Form 990 or 990-EZ) 2006		Р	age 4
Pan	Private School Questionnaire (See page 7 of the instructions.)			
29 [	(To be completed ONLY by schools that checked the box on line 6 in Part IV)  Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	103	110
3 <b>0</b> [	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
ŀ	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
1	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
-		-		
=				
	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory	324		<u> </u>
	pasis?	32b		
c C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	vith student admissions, programs, and scholarships?	32c		
q C	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
1-	fyou answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
_				
33 D	Ooes the organization discriminate by race in any way with respect to	_		
ں دد	roes the organization discriminate by race in any way with respect to			
a S	itudents' rights or privileges?	33a		
ьΑ	admissions policies?	33ь		
c E	imployment of faculty or administrative staff?	33c		
d S	cholarships or other financial assistance?	33d		
_				
e <sup>E</sup>	ducational policies?	33e		
۴U	se of facilities?	33f		
Δ	thletic programs?	33-		
g ··		33g		
h O	ther extracurricular activities?	33h		
If	fyou answered "Yes" to any of the above, please explain (Ifyou need more space, attach a separate statement)			
		_		
		4		
<b>34a</b> D	oes the organization receive any financial aid or assistance from a governmental agency?	34a		
ъН	as the organization's right to such aid ever been revoked or suspended?	34b		
	you answered "Yes" to either 34a or b, please explain using an attached statement			
35 D	oes the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	fRev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	[	
	Schedule A (Form 9		0-F7\	2005

Sch	edule A (Form 990 or 990-EZ) 2006								Page <b>5</b>
DF.	ITWEA Lobbying Expenditu				-	of the ins	cructions.	)	
Che	(To be completed <b>ONL</b> eck <b>▶ a</b> ☐ If the organization belond			nat filed Form	5768) hecked	"a" and "li	mited cont	rol" pro	ovisions apply
		obbying Expend	litures			(a A ffiliated tota	) i group	Tob	(b) e completed all electing
					<del></del>			org	anizations
	Total lobbying expenditures to influe				36				
	Total lobbying expenditures to influe	-	ody (direct lobby	ing)	37				
38	Total lobbying expenditures (add line	es 36 and 37)			38				
39	Other exempt purpose expenditures				39				
	Total exempt purpose expenditures	•	•		40				
41	Lobbying nontaxable amount Entert		•						
	If the amount on line 40 is—	The lobbying nont		is					
	Not over \$500,000	20% of the amount o		-00.000					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o		-					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o			41				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,	500,000					
40	Over \$17,000,000	\$1,000,000			42				
	Grassroots nontaxable amount (ente	·			42				
	Subtract line 42 from line 36 Enter				43				***************************************
44	Subtract line 41 from line 38 Enter	-0- if line 41 is mor	e than line 38		44				
	Caution: If there is an amount on either	er line 43 or line 44,	you must file For	m 4720.					
	(Some organizations that	<b>i-Year Averagi</b> made a section 50: instructions for line	L(ĥ) election do	not have to cor	nplete à l	l of the fiv	e columns	below	
			Lol	bbying Expendi	tures Du	ring 4-Yea	r Averagin	g Perio	d
	Calendar year (or fiscal year beginning in) ▶		(a) 2006	(b) 2005	2	( <b>c)</b> 004	<b>(d)</b> 2003		(e) Total
45	Lobbying nontaxable amount								VI
46	Lobbying ceiling amount (150% of I	ne 45(e))							

		Lo	bbying Expendit ı	ıres During 4-Yeaı	Averaging Perio	od
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount					****
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					·· <del>·······</del>
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Percevies Lobbying	Activity by	y Nonelectin	g Public Charities
--------------------	-------------	--------------	--------------------

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) 🕏 During the year, did the organization attempt to influence national, state or local legislation, including any

attempt to influence public opinion on a legislative matter or referendum, through the use of

- ${f b}$  Paid staff or management (Include compensation in expenses reported on lines  ${f c}$  through  ${f h}$ .)
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- $\boldsymbol{h} \quad \text{Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means}$
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	A mount
	Νo	
	No	
Yes		32,747
	Νo	
	Νo	
		32,747
0.5		

Schedule A (Form 990 or 990-EZ) 2006

Schedule A Parte VII	(Form 990 or 990-EZ	,	sfers To and Transactions	and Relationshins With	Nonch	arita	Page 6
	Exempt Orga	anizations (See p	age 13 of the instructions.)	•			
			ly engage in any of the following v			sectio	n
			) organizations) or in section 527		ons?		
	Cash	y organization to a no	ncharitable exempt organization o	ונ	51a(i)	Yes	No No
, ,	Other assets				a(ii)	L	No
	transactions				-(,		110
(i)	Sales or exchanges of	of assets with a nonch	naritable exempt organization		b(i)		No
(ii)	Purchases of assets	from a noncharitable	exempt organization		b(ii)		No
(iii)	Rental of facilities, ed	quipment, or other as:	sets		b(iii)		No
(iv)	Reimbursement arrar	ngements			b(iv)		Νo
	Loans or loan guaran				b(v)		Νo
		·	fundraising solicitations		b(vi)		No
_			er assets, or paid employees	(I.V. d d. d. d. l	<u> </u>	I.	No
			ete the following schedule. Colum				
			orting organization If the organizemn (d) the value of the goods, other			ue in a	iny
Lianse	Ction of sharing arran	gement, snow in colu	inii (d) the value of the goods, oth	(d)	<u> </u>		
(a) Line no	(b) A mount involved	Name of noncha	(c) aritable exempt organization	Description of transfers, tra		, and	sharing
						······	
· · · · · · · · · · · · · · · · · · ·							
	, , , , , , , , , , , , , , , , , , , ,						<del></del>
	74						
		214-44					
			-1				
2a Isthe	organization directly	or indirectly affiliated	with, or related to, one or more to	ax-exempt organizations	municipal de la companyon	N TONO DECEMBER	
			an section 501(c)(3)) or in secti			Yes	V N
	," complete the follow				ŕ		•
	(a)		(b)	(c)			
	Name of organiza	tion	Type of organization	Description of rel	ationship		
							· · · · · · · · · · · · · · · · · · ·
		•					
				1. A			

**Software ID:** 06000173

Software Version: v1.00

EIN: 36-2246703

Name: WINDOW TO THE WORLD COMMUNICATIONS INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

en e	barret Shapet was to come	sa Монаментура (дофилистика по по по поставления дофила (по по п			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Outside Services	43a	5,812,340	4,976,920	365,336	470,084
<b>b</b> Miscellaneous	43b	152,924	51,250	56,772	44,902
c Rights & Royalties	43c	312,888	258,071	54,817	0
d Insurance	430	286,578	15,000	271,578	0
e Utilities	43e	631,308	251,141	380,167	0
f Premiums	43f	2,014,758	0	0	2,014,758
g Program Acquisitions	43g	4,343,418	4,343,418	0	0
h Professional Fees	43h	712,426	270,025	173,271	269,130
i Barter	431	205,522	149,437	0	56,085
j Advertising	43j	55,173	41,216	13,957	0
k Administrative Charge	43K	0	925,166	-1,046,456	121,290
I Cafeteria & Catering	431	207,463	70,179	97,112	40,172
m Talent & Frrelance Expenses	43m	1,988,293	1,895,040	0	93,253
n Co-production Fees	4 E	4,949,486	4,949,486	0	0
o Bond Costs	430	174,513	118,187	28,906	27,420
p Mailing List Purchases	43p	176,376	0	0	176,376
					THE RESIDENCE COME INCOME OF A SECURITIES OF

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Marshall Front 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Marvin Goldsmith 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Chester Gougis 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Margaret Hart 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Jay Henderson 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Valerie Jarrett 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Martin Koldyke 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
James Mabie 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Michael McCaskey 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Cary McMillan 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Jan Mitchell 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Ann Ida Gannon 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Robert Hamada 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Roxanne Ward 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Reese Marcusson 5400 N St Louis Avenue Chicago, IL 606254623	Executive VP & CFO 40	206,100	55,140	0
Roger Plummer 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 1 25	0	0	0
David Blowers 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Bruce Callow 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Richard Colburn 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
James Firth 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0

0 0 0 0 0 0 0 0 0 0 account and other (E) Expense allowances 0 0 0 0 0 0 0 0 O 0 (D) Contributions to compensation plans employee benefit plans & deferred Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees: 0 0 0 0 0 0 0 0 0 (If not paid, enter -0-(C) Compensation hours per week devoted (B) Title and average to position **Board Member Board Member Board Member Board Member** Board Member **Board Member** Board Member **Board Member** Board Member 0 65 **Board Member** 0 65 0 65 0 65 0 65 0 65 0 65 0 65 1 25 0 65 (A) Name and address Chicago, IL 606254623 5400 N St Louis Avenue Barbara Gardner Proctor Linda Hutton Heagy Alexandra Nichols George Ranney Jr John McCarter Jr John Ballantine Newton Minow Carlos Pineiro Renee Crown Daniel Levin

0 0 0 0 0 0 0 0 0 0 account and other allowances 0 0 0 0 0 0 0 0 0 0 (D) Contributions to compensation plans employee benefit plans & deferred Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees: 0 0 0 0 0 0 0 0 0 0 (If not paid, enter -0-(C) Compensation hours per week devoted (B) Title and average to position Board Member 0 65 Board Member 0 65 **Board Member Board Member** 0 65 0 65 0 65 0 65 0 65 0 65 0 65 0 65 (A) Name and address Chicago, IL 606254623 5400 N St Louis Avenue Shirley Welsh Ryan William McCarter Howard Tullman Virginia Ojeda Gordon Segal Harlan Teller Gene Saffold Anne Reyes DC Searle Joan Steel

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
John Zenko 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Mıchael Gonzalez 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	О	0	0
Richard Gray 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	О	0	0
Margaret Harrigan 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Joan Harris 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	
Joan Walker 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	0	0	0
Robert Washlow 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	О	0	0
Robert Wilcox 5400 N St Louis Avenue Chicago, IL 606254623	Board Member 0 65	О	0	0
Daniel J Schmidt 5400 N St Louis Avenue Chicago, IL 606254623	President & CEO 40	327,673	86,237	0
Farrell Frentress 5400 N St Louis Avenue Chicago, IL 606254623	Executive VP of Development 40	255,653	102,439	0

0 0 0 0 0 0 0 0 0 0 account and other (E) Expense allowances 0 0 0 0 0 0 0 0 0 (D) Contributions to compensation plans employee benefit plans & deferred Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees: 0 0 0 0 0 0 (If not paid, enter -0-0 (C) Compensation hours per week devoted (B) Title and average to position Board Member 0 65 **Board Member Board Member Board Member Board Member** Board Member 0 65 Board Member 0 65 Board Member 0 65 Board Member 0 65 **Board Member** 1 25 1 25 0 65 0 65 (A) Name and address Chicago, IL 606254623 Chicago, IL 606254623 Chicago, IL 606254623 5400 N St Louis Avenue Chicago, IL 606254623 5400 N St Louis Avenue 5400 N St Louis Avenue Chicago, IL 606254623 5400 N St Louis Avenue 5400 N St Louis Avenue 5400 N St Louis Avenue Chicago, IL 606254623 5400 N St Louis Avenue Deborah DeHaas James Wooten Jr Norman Bobbins Adela Cepeda William Brown John Brennan Robert Silver Alison Chung **Britt Bartter** Alan Brown

0 0 0 0 0 account and other (E) Expense allowances 0 0 0 0 0 (D) Contributions to compensation plans employee benefit plans & deferred Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees: 0 0 0 0 (If not paid, enter -0-(C) Compensation hours per week devoted (B) Title and average to position Board Member 0 65 Board Member 0 65 Board Member 0 65 Board Member 0 65 Chairman 2 5 (A) Name and address Chicago, IL 606254623 Chicago, IL 606254623 Chicago, IL 606254623 Robert Clifford 5400 N St Louis Avenue Chicago, IL 606254623 Chicago, IL 606254623 5400 N St Louis Avenue Thomas Donovan James Donnelley Sandra Guthman Maxine Farrell

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

2	ine No Fynish fow activity for which income to the first of the first
	accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 b	Spot Underwriting comprises income that supports programs broadcast on WTTW Programs include, but are not limited to Arthur, Between the Lions, Clifford the Big Red Dog, Sesame Street, Nova, Masterpiece Theatre and Chicago Tonight
93 c	Radio programming production comprises distribution fees for live and taped classical music mainly from NPR radio stations and other classical music stations around the country. The programming produced includes, but is not limited to the Beethoven Satellite Network, the Jazz Satellite Network, classical concert programs such as the New York and Los Angeles Philharmonic and Jazz from Lincoln Center.
101	Income comprises revenue from special fundraising events which included, but was not limited to WTTW American Song Gala, Taste of Check Please <sup>1</sup> , WTTWs 5th Fun & Run and a Nova event
93 a	TV production underwriting comprises income for the purpose of producing shows that are broadcast on WTTW/Channel 11 Programs include, but are not limited to Artbeat, Golden Apples Awards, Check Please <sup>1</sup> , Soundstage, CEO Exchange Series and Chicago Tonight
103 b	Facilities rental comprises fees from PBS stations and other non profit entities primarily for services related to the production of various programs that are broadcast on WTTW/Channel 11 These shows include Thirty Good Minutes and Lehrer News Hour segments
102	Net loss from the sales of merchandise associated with programs broadcast on WTTW
103 a	Includes Ad Grants from PBS and miscellaneous income